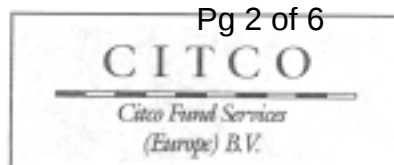


**Exhibit 3**

**Share Redemption Documents**



BANCA CARIGE SPA  
VIA CASSA DI RISPARMIO 15  
16123 GENOVA  
ITALY

Fund ID : 03302  
Holder ID : 00964601  
Account ID : 05063192  
Contract No. : 63204302  
Date : Oct-12-2007  
Order No. : 26633102  
Email : MASSIMO.TURLA@CARIGE.IT  
FAX Number : 0039 010 5794590

Account name: BANCA CARIGE SPA

### FAIRFIELD SENTRY LIMITED

In accordance with your instructions we confirm having REDEEMED the following voting shares from FAIRFIELD SENTRY LIMITED

Valuation/NAV Date	Sep-30-2007
Trade Date	Oct-01-2007
Payment Date	Oct-16-2007

No. of voting shares Redeemed	8,296.3303
Redemption Price	USD 1,269.5359
Gross Redemption Proceeds	USD 10,532,489.15

Net Redemption Proceeds	USD 10,532,489.15
-------------------------	-------------------

Amount to be Paid	USD 10,532,489.15
Proceeds Paid to Date	USD 10,532,489.15

Your balance following this transaction will be 0.0000 voting shares.

For more information or any inquiries, please contact Citco Investor Relations Group  
Tel: (31-20) 572 2850 Fax: (31-20) 572 2610 E-mail: amsterdamweb@citco.com

## REDEMPTION INFORMATION

## SHARE REGISTRATION

25. BANCA CARIGE S.p.A.

Name

VIA CASSA DI RISPARMIO 15  
16123 GENOVA - ITALY

Address

ITALY

Country of Residence

+39 010 579 4220

Telephone

Telephone (Evenings)

+39 010 579 4591

Fax

## MAILING (POST) INFORMATION

(if other than address of registration)

Name

---

Address

Country of Residence

Telephone

Telephone (Evenings)

Fax

## BANK FOR TRANSFER OF REDEMPTION

WACHOVIA BANK NA

Name

NEW YORK

Address

USA

Country of Residence

Telephone

Telephone (Evenings)

Fax

SIGNATURES MUST BE IDENTICAL TO NAME(S) IN WHICH SHARES ARE REGISTERED

ENTITY SHAREHOLDER (OR  
ASSIGNEE)

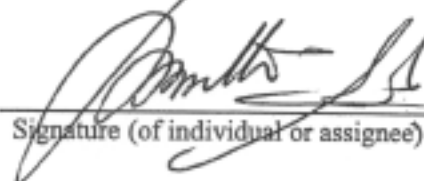
INDIVIDUAL SHAREHOLDER(S)  
PARTNERSHIP, CORPORATION (OR  
ASSIGNEE) OR TRUST

BANCA CARIGE S.p.A.  
Name of Registered Owner of Shares

\_\_\_\_\_  
Name of Subscriber

VIA CASSA DI RISPARMIO 15  
Address 16123 GENOVA - ITALY

\_\_\_\_\_  
Address

  
Signature (of individual or assignee)  
PAOLO BORETTI  
RESP. U/MERCATI FINANZIARI  
Name and Title

\_\_\_\_\_  
Signature (of partner, authorized corporate  
officer or trustee)

\_\_\_\_\_  
Please Print Name and Title

08/29/2007  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (of individual or assignee)

\_\_\_\_\_  
Signature (of partner, authorized corporate  
officer or trustee)

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Please Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatures guaranteed by:

595

REDEMPTION REQUEST FORM  
INSTRUCTIONS

This form should be saved and may be used by a shareholder wishing to redeem shares in the Fund. Redeeming shareholders should complete and return this form, including the information on page RR-3.

FAIRFIELD SENTRY LIMITED  
c/o Citco Fund Services (Europe) B.V.  
Telestone 8 - Teleport  
Naritaweg 165  
1043 BW Amsterdam  
The Netherlands  
Telephone: (31-20) 572-2850  
Fax: (31-20) 572-2610

Dated (month, day, year): 08, 29, 2007

Dear Sirs:

I hereby request redemption, as defined in and subject to all of the terms and conditions of the Private Placement Memorandum, as it may be amended from time to time (the "Memorandum"), of Fairfield Sentry Limited (the "Fund"), of ALL shares, (the "Shares") representing [part/all] of my Shares in the Fund. I understand that redemption will only be effective as of the close of business on the last day of any month, upon at least fifteen (15) calendar days' prior written notice. Except as otherwise provided in the Memorandum, payment of the redemption proceeds will be made within thirty (30) days after the effective date of redemption.

I hereby represent and warrant that (i) I am the true, lawful and beneficial owner of the Shares of the Fund to which this Request relates, with full power and authority to request redemption of such Shares; and (ii) I am not a "U.S. Person" (as that term is defined in the Memorandum). These Shares are not subject to any pledge or otherwise encumbered in any fashion. My signature has been guaranteed by a commercial bank acceptable to the Fund.

Wire Transfer Instructions (to be completed by redeeming shareholder):

WACHOVIA BANK NA  
Bank Name

NEW YORK  
Bank Address

BNPPUS3NNYC  
ABA /CHIPS/ BIC Codes

BANCA CARIGE S.p.A.  
Account Name

2000193551516  
Account Number

g. Redemption Payments. Until further notice from Subscriber to the Fund, signed by any authorized person listed above, redemption or other payments by the Fund to Subscriber should be wired only to Subscriber and only as follows (please print or type):

Bank name: WACHOVIA BANK N.A.  
Bank address: NEW YORK  
ABA/ CHIPS/ BIC Codes: SWIF CODE PNBPU53NNYC  
Account name: BANCA CARIGE S.p.A.  
Account number: 2000193551516  
For further credit: //

h. Financial Institution Wiring/Paying Subscription Monies.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of account at financial institution being debited for subscription payment: \_\_\_\_\_  
Number of such account: \_\_\_\_\_

i. Execution. In witness whereof, Subscriber has executed this Agreement on the date set forth below:

Date: AUGUST 30, 2007

For individuals

Print name: \_\_\_\_\_  
Signature: \_\_\_\_\_

For entities

Print name: BANCA CARIGE S.p.A.  
Print name of authorized signatory: GINO GUSRIOLI  
Print title of authorized signatory: DIRETTORE FINANZA  
Signature: [Signature]